				on ir	na. •	*		
ebtor 1	Jodie First Name	L Middle Name	Bunch Last Name	_ 2015	JUN -9	PM 3:	5 5	
ebtor 2 couse, if filing)		Middle Name		- 71,534	US BANKRU	JPTCY C	0184	
	Bankruptcy Court for the:	Eastern District of Misse	Last Name	de C	ASTERN DI	SELEN S		
se number	•	Editori District of Wilss	-					Check if tha
known)								
icial Fo	orm B 3B							
	ation to H	ave the C	hapter 7	Filing F	ee Wa	aive	d	1
s complet	te and accurate as poss	sible. If two married pe	ople are filing togeth	her, both are equ	ally responsi	ble for su	pplying o	correct
mation. I nown).	f more space is needed	l, attach a separate sh	eet to this form. On t	he top of any ad	ditional page	s, write yo	our name	and case
rt 1:	Tell the Court Abou	t Your Family and \	our Family's Inco	me				
		····			• • • • • • • • • • • • • • • • • • • •			
	e size of your family?	Check all that ap	ply:					
pouse, and	d any dependents listed	You						
xpenditure	dule J: Current tures of Individual s) (Official Form 6J).	Your spouse	4		5			
ebtor(s) (C		Your depende	ents T How many depe	endents?	Total number of people			
ill in vour	family's average							
nonthly in							at person'	
	r spouse's income if e is living with you, even	Add various in a sure	4				ke-home p	
	ise is not filing.	value (if known) of a	d your spouse's income ny non-cash governmer	ntal assistance	You	¢	:	1,929.66
	ide your spouse's ou are separated and	Supplemental Nutriti	ch as food stamps (bene on Assistance Program	erits under the	Your spouse	φ	·	
our spouse	e is not filing with you.	subsidies. If you have already f	illed out Schedule I: You	ur Income, see		+ _{\$}		0.00
		line 10 of that schedule.						
					Subtotal	\$		1,929.66
		Subtract any non-cash governmental assistance that you included above.				— \$ <u>.</u>		295.00
		Your family's aver	age monthly net inco	ome	Total	\$		1,634.66
	eive non-cash	No	Type of assis					
vernmen	ital assistance?	Yes. Describe	Food Stam	ıps				
	ect your family's onthly net income to	✓ No Yes. Explain				***************************************	·····	
erage mo								
erage mo crease or	decrease by more than the next 6 months?	, es explain.						
verage mo crease or 0% during	decrease by more than	o pay the filing fee in	I canta affo	ord the filing fe	Δ			

Debtor 1	Jodie L	Bunch	Case r	number (if known)				
	First Name Middle Name	Last Name		iumber (ir known)				
Part 2	Tell the Court About	our Monthly Expense	95					
Inclu repo	mate your average monthly expude amounts paid by any governmented on line 2.	ment assistance that you	\$ 1,897.93					
It yo line	u have already filled out <i>Schedul</i> 22 from that form.	e J, Your Expenses, copy						
who	hese expenses cover anyone is not included in your family eported in line 1?	No Yes. Identify who						
regu expe If you Sche	s anyone other than you larly pay any of these enses? In have already filled out edule 1: Your Income, copy the from line 11.	✓ No Yes. How much do	ch do you regularly receive as contributions? \$ monthly					
mon decr	ou expect your average thly expenses to increase or ease by more than 10% during text 6 months?	✓ No Yes. Explain						
Part 3:	Tell the Court About Y	our Property						
If you h	nave already filled out <i>Schedule</i> copies to this application and g	e A: Real Property (Offici go to Part 4.	al Form B 6A) and Schedule E	3: Personal Property (O	fficial Form B 6B),			
<i>Exan</i> your	much cash do you have? nples: Money you have in wallet, in your home, and on when you file this application	Cash:	\$0.00					
	accounts and other deposits oney?		Institution name:		Amount:			
mone	les: Checking, savings, market, or other financial	Checking account:	St. Louis Community Cl	\$				
share	unts; certificates of deposit; es in banks, credit unions, erage houses, and other	Savings account:		\$				
simila more	r institutions. If you have than one account with the	Other financial accounts:	USAA Bank		\$0.00_			
	institution, list each. Do not le 401(k) and IRA accounts.	Other financial accounts:			\$			
2. Your are p	home? (if you own it outright or urchasing it)	n/a Number Street		Current value:	\$			
	ples: House, condominium, factured home, or mobile home	City	State ZIP Cod	Amount you owe	\$			
	real estate?		211 000	liens:				
		n/a Number Street		Current value: Amount you owe	\$			
		City	State ZIP Cod	on mortgage and	\$			
	ehicles you own?	Make: n/a		0				
sports	les: Cars, vans, trucks, utility vehicles, motorcycles,	Model: Year:		Current value: Amount you owe	\$			
tracto	rs, boats	Mileage		on liens:	\$			
		Make:	•	Current volue	¢.			
		Year:		Current value: Amount you owe	Φ			
		Mileage	·	on liens:	\$			

Deb	tor 1	Jodie First Name Middle Name		L Bunch		Case number	Case number (#known)			
15.	Other a	Other assets?		Descr	ibe the other assets:				_	
	Do not include household items and clothing.		n/a			Current value: Amount you owe on liens:		\$ \$		
	Example or lump support mainten settleme benefits	or property of the search of t	ls, past due spousal, or property ecurity npensation,	Who o	owes you the money or prop	•		payme No	believe you will likely receivent in the next 180 days? . Explain:	
Pa	art 4:	Answer T	hese Addit	ional Que	estions					
	17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?				No Yes. Whom did you pay? Check all that apply: An attorney A bankruptcy petition preparer, paralegal, or typing se Someone else				How much did you pay?	
18.	you ex	ou promised pect to pay s es for your ba	omeone for	T INC	es. Whom do you expect to p An attorney A bankruptcy petition pr Someone else	How much do you expect to pay?				
		yone paid so ehalf for servi		✓ No Ye	s. Who was paid on your beling Check all that apply: An attorney A bankruptcy petition preparalegal, or typing serv Someone else	eparer, eccession Check all Paren Brothe Frienc Pasto	that apply: t er or sister		How much did someone else pay?	
20.	Have yo	ou filed for ba he last 8 year	nkruptcy 's?	No Yes	s. District	MM/ I			er	
					District					
Pai	t 5:	Sign Belov	Y						:	
tha	t the in	formation I p	penalty of perovided in thi	rjury, I dec is applicat	clare that I cannot afford to prion is true and correct. Signature of Debtor 2	ay the filing fee either	in full or in	installm	ents. I also declare	
I	Date	1 DD 1 YYYY	· · · · · · · · · · · · · · · · · · ·		Date	_				